

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONER

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

Shawn Allen Rohrer 21-00725:

Full Name of Plaintiff

Inmate Number

v.

Franklin County PA

Name of Defendant 1

William Bechtold

Name of Defendant 2

Mr. Linn

Name of Defendant 3

Mr. French

Name of Defendant 4

Mr. Woodward

Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).

Civil No. 3:21-CV-1930  
(to be filled in by the Clerk's Office)

☐ Demand for Jury Trial

☐ No Jury Trial Demand

**FILED  
SCRANTON**

NOV 15 2021

Per [Signature]  
DEPUTY CLERK

**I. NATURE OF COMPLAINT**

Indicate below the federal legal basis for your claim, if known.

- ☒ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
- ☐ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
- ☐ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

**II. ADDRESSES AND INFORMATION**

**A. PLAINTIFF**

Rohrer Shawn Allen

Name (Last, First, MI)

21-00725

Inmate Number

Franklin County Prison

Place of Confinement

1804 Opportunity Ave.

Address

Chambersburg, PA 17201

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

☒

Pretrial detainee

☐

Civilly committed detainee

☐

Immigration detainee

☐

Convicted and sentenced state prisoner

☐

Convicted and sentenced federal prisoner

**B. DEFENDANT(S)**

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

Franklin County PA

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

Defendant 2:

Bechtold, William

Name (Last, First)

Warden

Current Job Title

1804 Opportunity Ave

Current Work Address

Chambersburg, PA 17201

City, County, State, Zip Code

Defendant 3:

Linn, Mr.

Name (Last, First)

Corrections Officer

Current Job Title

1804 Opportunity Ave.

Current Work Address

Chambersburg, PA 17201

City, County, State, Zip Code

Defendant 4:

French, Mr.

Name (Last, First)

Corrections Officer

Current Job Title

1804 Opportunity Ave

Current Work Address

Chambersburg, PA 17201

City, County, State, Zip Code

Defendant 5:

Woodward, Mr.

Name (Last, First)

Corrections Officer

Current Job Title

1804 Opportunity Ave

Current Work Address

Chambersburg, PA 17201

City, County, State, Zip Code

### III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

- A. Describe where and when the events giving rise to your claim(s) arose.

Franklin County Prison  
6-20-21 @ Apx. 10 AM

- B. On what date did the events giving rise to your claim(s) occur?

6-20-21 and 8-9-21

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

On 6-20-21 at Apx. 10 AM Officer Woodward and an unidentified Female officer used excessive force when escorting me to the RHU. Both officers carried me off the floor by my elbows, not allowing me to walk, while my hands were cuffed behind my back. This caused me to suffer a torn rotator cuff or other similar shoulder injury. Prime Care Medical made me wait until 7-30-21 for an X-ray. On 8-9-21 "Justin Lensbower" ordered all medical attention to stop due to the X-ray showing "Normal" readings. (X-ray does not show muscle or nerve damage.)



#### IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

① 8<sup>th</sup> Amendment - "Excessive Force" and Physical Brutality by Prison officials. For Shoulder injury incident

② 8<sup>th</sup> Amendment - "Right to medical care." I was made to wait over 30 days for an Xray.

③ 8<sup>th</sup> Amendment - "Medical malpractice" Justin Lensbower stoped medical Attention and Failed to properly treat my Injury. MRI or Further testing was needed to treat and diagnose injury.

#### V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

Sufferd Shoulder/rotator cuff injury From 6-20-21 to 10-15-21. waited over 30 days for medical treatment.

#### VI. RELIEF

State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

monetary relief From all responsible parties.

**VII. SIGNATURE**

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.

A handwritten signature in black ink, appearing to read "Shaun R. Risher", written over a horizontal line.

Signature of Plaintiff

A handwritten date "10-28-21" in black ink, written over a horizontal line.

Date

Additional pages.

Name of Defendants Continued:

Prime Care Medical  
Name of Defendant 6

Justin Lensbower  
Name of Defendant 7

Doctor Mr. Young  
Name of Defendant 8

## II B. Defendants

Defendant 6:

Prime Care Medical Department  
Health Services for Inmates  
1804 opportunity Ave  
Chambersburg, PA 17201

Defendant 7:

Lensbower, Justin  
Director of the Medical Department  
1804 opportunity Ave  
Chambersburg, PA 17201

Defendant 8: Doctor Young

Doctor for Prime Care medical  
1804 opportunity Ave  
Chambersburg, ~~PA~~ PA 17201



(claim 2)

## Additional Pages

III Statement of Facts

A. Franklin County Prison on  
6-30-21 @ APX. 1800 hr. in cell  
3 on E-unit.

B. 6-30-21 and 7-4-21

C. On 6-30-21 Mr Linn and Mr. French placed me into an unsanitary cell. This was brought to their attention and after 2 hrs of pleading, they made me clean the cell with. No gloves and limited cleaning supplies. There was Hair, Skin, Finger/toe nails, dirt, trash and food on every surface as well as "Fecal Matter" still in the toilet from the previous tenant. On 7-4-21 I was still in the cell and Diagnosed by Prime Care with 2 Seperate infections of "Ring Worm" that were painful, leaked blood and pus and required daily apliance of medicated ointment. I was placed on medical Isolation and was not allowed to have visits or use the phone so I lost precious last moments with my mother who was battling Cancer at the time and who passed away 2 weeks later.



(claim 2)

## Additional Pages

### IV. Legal claim(s)

8<sup>th</sup> Amendment "Cruel and unusual punishment" Sanitation

### V. Injury

2 Seperate infections of "Ring worm" that were painful, leaked blood and Pus and required daily apliance of medicated ointment. Placed in Segregation on "Medical Isolation" alone for 2 weeks. Not permitted phone calls or visits from my dying mother who passed away Shortly after. Time I'll never get back with my mother. I have progressed mental health issues now that require counseling and medication.

### VI. Relief

monetary Damages From all responsible parties as well as the court to order the Prison to enhance the Cleanness of the Prison. Monetary Damages to include physical, emotional and mental induries.

(Claim 3)

Additional Pages

### III Statement of Facts

- A. Franklin County Prison on C-unit on 8-2-21 @ Aprx. 10 Pm
- B. 8-2-21
- C. On 8-2-21 at Aprx. 10 Pm I received mail from my Criminal Attorney that was already opened, tampered with and then resealed. The envelope was printed on and labeled legibly stating it was legal mail and Not to be opened unless in my presence.

### IV. Legal Claim(s)

First Amendment because it chilled my right to communicate confidentially with my lawyer

### V. Injury

Attorney-client confidentiality privilege was broken

### VI. Relief

monetary relief



(Claim 4)

## Additional Pages

## III Statement of Facts

A. Franklin County Prison on 9-27-21

B. 9-27-21

C. On 9-27-21 "Doctor Young" of "Prime Care" denied the Substance Abuse program called MAT program for opioid dependency. Mr. Young asked about my history and gave me a quick physical, then denied me the program and gave the reason why, that in his opinion, "I would be a waste of time". Because he felt that I was only going to keep using drugs anyways. So he denied me the MAT program that may have saved my life one day.

IV. Legal Claim(s)

8<sup>th</sup> and 14<sup>th</sup> Amendments - adequate medical care. Also a violation of the "American Disabilities Act" (ADA)

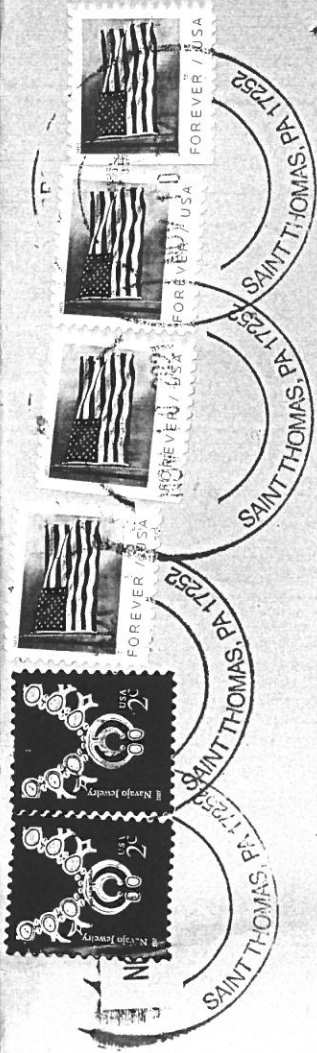
V. Injury

Denied a program designed by the ADA that may have saved my life in the future

vi. Relief - Prevent the Prison from denying the program and monetary relief from responsible parties



Shawn Rohrer  
Franklin County Prison  
1804 Opportunity Ave  
Chambersburg, PA 17201



RECEIVED  
SCRANTON

NOV 15 2021

PER dw  
DEPUTY CLERK

United States District Court  
Middle District of Pennsylvania  
235 N. Washington Ave.  
P.O. Box 1148  
Scranton, PA 18501

6102 \$232

